QUOTATION FOR PROJECT:

Providence Kodiak Island Medical Center

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nent Bo-Tach, Inc. Madical Gas Spotdeldd (mellin: boboch-lightobreld.com) Tac Wednedder, Madri 31, 2010 9:17 AH "T Rompson, San E. F. Bash, Doweld Bjedt: "Word Formal for Corypen Generator Pspeline Tie-In"

or your message, here is the quote in WORD POPHAT that AI Boveda sent to Star Thompson he Piping connection for the enyeen generator to your facility. If you should have any torn, AI is on a job and you may contact him on his cell phose.

N's Cell+ (208) 659-3922

Breanne Petroskie

Bo-Yearline.
Pealed Gas Specialist
Sacra 1999
Office: 775-942-3854
Fact: 775-855-7116
Please Visit us at botochmoodgas.net

Vinson Statement: "Yo Provide "Expert and Specialized Servees" For Medical Gas Distribution

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CTION V-FEEL AND PAYMENT TOWN POR CHRISTICATION

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Gay Contribution/Musillation.

PO Bar 2545 + Peet Foto, Ispan IDB18 + p 775-947-3964 + f 775-956-F118

Medical Gas Placina Equipment Symmetry supplied by Bolech, LLC

- BDE will provide Q_y = Pressure Swinch with Transductors for Oxygen Generator for the proper atom signals needed meet all local, lederal and sizes requirements.
- BOE will provide 10 Signal Mauter Alemy One Clas Area Alemy (Oxygen) to be installed by electrician above accelling meetir elemn
- BOE will provide Physipping contractor with travel and melenal (Shut oil Valves, Check Valve's etc....) by corpon lie-in and re-configuration of piping to and from qualing mereloid to facility main.
- BOE will provide cultimation and adjustments of all pressure switches and Oxygen Generator
- BOE will provide Certifier for Medical Gas Third Perly Certification and evaluation to Certify that the new Doygan System maets FDA, NEPA39 NEPA39, CGA DOH and Fire Nershall Regulations.
- BOE will provide all labor, travol and majernal to the referenced in the section.
- BOE will provide schematic drawings of approvad mathod for Oxygen Generator to Aunction and meet all focal, fodest and state requirements once eigned contract hee been setmined.
- Accessories included

Casa Specific Quick Connects 02 for pressure evilches to meet NFPA99 & FDA adds.

Physisine Switch 07

Najahine Gauge 02 (No Ol)

Najahine Gauge 02 (No Ol)

**Lobajete Veleve selh Labal files (3 Pert Valve's & Oxygen Chamed)

**Extereuons (Oxygen Chamed)

The appear referenced project will take approximately no less than 3 no more than 4 days, and can be accomplished with minimal delutrance to peters delivery of coypen

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BOE out not provide Regulator for te-in to facility at final stage pressure to provided by OCS1.

Regulator for sevin to facility at final stage pressure talk

Code History to Media
FDA, JHCO. Stee Department of Health, NFPASR, NFPASR, CGA, ASSE 6000 & ISO 6000

PO Box 3645 + Pope Falls, Nation 625145 + p. 775-947-3054 + f. 775-948-7116

1. Continuents of processing and an activity of the continuent of

PO Ber 1645 + Pear Falls. Name 80818 + p. 775-042-1854 + 1.775-855-71 16

Bellech, LLC enschrete larens and conditions becames a get of the questions. Debeny? 2-4 metas a flave most of the approved publishes ordersharmfast and create approved. Prizas question per familier of disps from quote date. Solverati of equipment must be within 110 despt from providues order date. Any antimation of deate farms, by the columns, why must be prize applications.

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Form 641 - Parts A. B & C

ASHNHA Quarterly Project Budget Summary & Performance Analysis Reporting Form

For All 2009 Denail Commission Approved Projects — Projects No. 1150 — A through G

Project Name: 02 Generator System Project

Name of Hospital / Grant Recipient: Wrangell Medical Center

Reporting Period: January 1, 2010 through March 31, 2010

Grant No.: 1150 - A(4)

641-A. Project Budget Summary (provide the following information; use additional pages as

- 1. Original Project Budget Information:
 - a. The original total approved project budget:
 - I. Amount of Denali Commission Grant Award: \$55,784.92
 - II. Amount of Facility Cost Share Match (CSM): \$55,784.92
 - iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$111,569.84
- 2. Actual Project Costs Recorded During the Current Reporting Period:
 - Amount of the Facility's own Project CSM Expended (non-reimbursed expenditures) during the current reporting period: \$0
 - Amount of Facility funds expended during the current reporting period for which Denali Commission grant funds are being requested this period on Form 642 to reimburse your hospital for its project expenditures: \$0
 - Total amount of project costs recorded during the reporting period, whether expended
 facility CSM or reimbursement for facility expenditures is being sought (add lines za a za):
- 3. Total Denail Commission Grant Funds Received to Date:

Please report the total amount of Denali Commission grant funds received (whether received as an advance or as reimbursement for expenses) as of the end of the current reporting period (i.e., the total grant funds received to-date): \$5,803.00

641-B. Project Performance Analysis (add line Items to the chart as appropriate):

Total Control				
Lundgren - G.S.I. MOGS-100 Chygen Cenceroting System and related hardware, installation, shapping, and training	\$111,569.84	\$111,806.57	06/30/2010	The coygen generating system has been installed and was operational for a short period of time. We save experienced a number of problems with the handware and the installaborar and growing have visited our site flow times to my and correct, the problems. We anotopere other resolving the hardware problems or receiving a replacement system no later than Jave 30, 2010 with no additional project cost.
Totals:	\$111,569,84	\$111.806.57	接触的	***********

641-C. Facility Certification:

The preparer of this report, by signing below, certifies on behalf of his or her employer that the information contained herein is accurate and complete to the best of his or her knowledge.

4-6:10
Date

Page 3

Noel D. Rea. Chief Executive Officer Printed Name and Official Title

4. Total Facility Cost Share Match Funds Expended to Date:

ase report the total amount of hospital funds expended (i.e., the hospital's share of the cost of the project for which reimbursement was not and cannot be sought from the Denali Commission) as of the end of the current reporting period (i.e., the total hospital matching funds expended to-date for which you did not seek reimbursement): \$0

2. Project Schedule:

Please state the anticipated start and end dates of this funded 2009 Denali Commission Primary Care in Hospitals project, and provide a list appropriate milestone dates for the major phases or activities of your project.

Start date: July 20, 2009 End date: June 30, 2010

Description of Milestone Or Activity	Anticipated Completion Dat		
1. Site Preparation	Complete		
2. Installation	Complete		
3. Purchase of pallet jack and Installation of shelving	Complete		
4. Final testing/fully operational	June 30, 2010		
5.			
6.			

Form 642

Page 2

ASHNHA's Quarterly Reporting Form Covering 2009 Denall Commission Projects Numbered 1150 - A through G

Please Use this Form to File Your Facility's Quarterly Narrative Progress Report And /Or Make a Fund Disbursement Request

Project Name: O2 Generator Hospital: Wrangell Medical Center Reporting Period: January 1, 2010 through March 31, 2010 Denall Commission Grant No.: 1150 - A4

- A. Project Narrative (use additional pages as necessary):
- What is the status of your 2009 "Primary Care in Hospitals" project as of <u>March 31.2010</u>? (Please list all project phases completed or milosones achieved during the report period.)

The O2 Generation System is installed and running. The project has been completed.

Is your 2009 project on schedule? If not, what kind of problem(s) does the delay present? How will
this be dealt with? Will the delay potentially extend the project beyond 9/30/2011?

3. Is the 2009 project on budget, or over or under budget? If over budget, how will this be dealt with? What funds is your facility using to cover the additional project costs?

The project is complete, no more funds are to be expended on the project.

4. Other comments, problems and solutions: N/A

В.	Projec	t Fund	Disburse	ment Re	uest			
We	are rec	uesting	ASHNHA	to release	\$0 in Dena	ii Commission	Grant	Funds I
thic	time.	This feu	odina mari	act le aith	ar-			

- 1. /_/ a request for an Advance against Commission Project Grant Award Funds; or
- 2. /_/ a request for Reimbursement from Project Grant Award Funds in order to cover 2. /_ d request for <u>regunstratures</u>, not respect to an employed expenses incurred by our hospital during the reporting period.
 (Copies of all twoices submitted and checks written in payment must accompany any request for reimbursement; copies of purchase orders or other commitment documents must accompany any request for an advance).